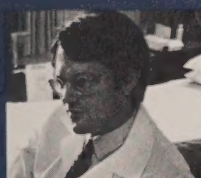


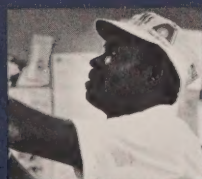
New
England
Deaconess
Hospital

1982

Annual Report



The
Deaconess
is its people.



About the Hospital

Founded in 1896, the New England Deaconess Hospital began as a 14-bed, home-hospital dedicated to serving the health care needs of the Boston community. Today, it is the third-largest hospital in Boston, a 489-bed and 14-building complex located in the famed Longwood medical area. The Deaconess is a specialty-referral hospital serving the medical and surgical needs of a broad variety of patients from a number of teaching and community-based hospitals and clinics.

Beginning with the modest nursing school which graduated its first class in 1898, and which today is a widely respected, three-year diploma school operated by the hospital, the Deaconess has maintained a firm commitment to the education and clinical preparation of nurses.

A teaching affiliate of Harvard Medical School, the Deaconess is known nationally and internationally for the high quality of its patient care and the high calibre of its medical and nursing staffs and educational programs. It is particularly distinguished for its work in chest surgery and kidney transplantation and for diagnosis, treatment, research and nutritional support in cancer, diabetes, cardiac and renal disease and their related complications, as well as in general medicine.

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"The Deaconess is a wonderful place, and I'm proud to have been a part of it for so many years. We have only one way of doing things here—the right way! Our patients come first, and each of us contributes to their care. I've seen a lot of changes in 50 years, but we're still a 'family' at the Deaconess!"

Natalie Tompkins
Sterile Supply Aide



In 1896, eight Methodist Church deaconesses, observing John Wesley's pledge to look upon the world as the parish, opened their modest Boston residence to the city's sick and poor. Their approach to their mission, at a time when medicine had few weapons to combat disease and suffering, was selfless, entirely personal, and all-inclusive. Nursing students were lectured in their profession while they were scrubbing floors.



Nearly nine decades later, the sense that *"the Deaconess is its people"* continues to permeate every department, program and activity of our hospital. Despite growth and diversification, and the onward march of technology and automation, the human dimension of the New England Deaconess Hospital remains as tangible today as in the days of its founders.

Many members of the Deaconess "family" exemplify this tradition of deep, personal identification with the hospital and its mission, none more so than Miss Natalie Tompkins. She has served the Deaconess for 50 uninterrupted years, a record shared only with the late Dr. Shields Warren. She was the first central processing aide in the hospital's operating rooms, at a time when all had to be done by hand and almost everything reusable had to be preserved, patched and mended. Recently, when honored by colleagues from throughout the Deaconess community, Miss Tompkins responded to their wholehearted tributes with, simply, "I wish I could spend 50 more years here."



Report of Management

"The Deaconess has always drawn its great strength from its people—beginning with its founders who had a deep, personal commitment to caring for others. That commitment is their legacy to Deaconess people today. We value that inheritance, and we are proud of our long tradition of caring."

Marvin G. Schorr
Trustee



From many points of view, 1982 was a generally satisfactory year for the New England Deaconess Hospital.

Total operating revenue for the fiscal year ending September 26, 1982, amounted to \$95,150,000, and expenses totaled \$95,801,000. Thus, we incurred an operating loss of \$651,000. After nonoperating revenue and expense, our net income amounted to \$1,777,000. Were it not for higher-than-anticipated utilization of health benefits on the part of our employees, coupled with management decisions to accelerate funding of our pension plan and the development program for the department of medicine, we would have shown a modest operating gain. Nevertheless, we do not feel 1982 was a satisfactory year financially and are committed to producing a significant operating gain in 1983 and subsequent years.

We are pleased to report that, following a biennial visit from the Joint Commission on Accreditation of Hospitals, in October 1981, the Deaconess was granted two years' accreditation, the maximum allowable. The commission's report was quite complimentary, and we feel it reflects the continuing efforts of our entire staff, employees and doctors alike, to uphold the highest standards of service and care.

During the year, we created a new clinical department, anaesthesia, and named Dr. Ellison C. Pierce Jr. as chairman. In the department of medicine, our new chairman, Dr. Robert C. Moellering Jr., is off to an excellent start. Building on the solid foundation provided by his predecessor, Dr. James L. Tullis, he has strengthened our educational programs, recruited a number of promising physicians, and established new research laboratories in infectious diseases, pulmonary disorders and hematology. The department also has collaborated with the

department of diagnostic radiology and several surgeons in organizing a new vascular laboratory.

We constantly are seeking opportunities to enhance our clinical services and, thereby, to provide improved patient care. For instance, we organized a cluster bed unit for medical/surgical patients who also have psychiatric problems, and we have equipped a small unit on Farr 8 with sophisticated monitoring equipment for patients who have undergone heart surgery. These units will enable us to focus the entire resources of the hospital on the special needs of these patients. We also inaugurated a new service called *intraoperative radiotherapy* for appropriate patients undergoing cancer surgery. This technique, which was pioneered in Japan, involves the application of radiation directly to the disease site, prior to closing of the incision by the surgeon. To provide this innovative treatment, we equipped one of our operating suites with an orthovoltage x-ray machine and the necessary, protective shielding. Results to date are promising.

For many years, we have managed a 70-bed diabetes treatment unit for ambulatory diabetic patients who come to the Deaconess and Joslin Diabetes Center for a short period of intensive treatment and education. This unit has been very successful. Doctors refer patients to it from all over the United States and beyond. As a result, we have a long waiting list. To address this situation, we worked out an arrangement with nearby Brookline Hospital to establish in their modern, attractive facility a 10-bed diabetes treatment unit, under our management, staffed with Deaconess nurses, and with Joslin doctors in attendance. As anticipated, this expansion has shortened the waiting period for admission and, equally important, the patients going to Brookline Hospital have been very satisfied. This service is one of several relationships which we have developed with Brookline. We staff their intensive care unit, and our hyperalimentation service hospitalizes patients there. We are providing laundry

services and, in the fall, we will assume responsibility for the service and maintenance requirements of much of their electronic equipment. This growing relationship with a smaller, neighboring, community hospital should produce significant benefits to both institutions in the years ahead, and is consistent with the concept of sharing resources to provide cost-effective health care.

Adherence to the highest standards of patient care is, ultimately, the responsibility of the board of trustees. In order to assure that the Deaconess continues to maintain such standards, we developed a formal quality assurance program which was approved by the trustees in March, after being reviewed and recommended by the medical administrative board and the clinical department chairmen. This program is quite comprehensive, and includes constant monitoring of infection rates, medical and surgical complications, observance of safety codes throughout the hospital, and an annual review of the qualifications and privileges of the medical staff.

For the 1980s, a key issue that hospital trustees and management will have to face has shifted from "access" to "cost containment." This was demonstrated clearly during the past year. We started out with a new Blue Cross contract which abandoned retrospective, cost-based reimbursement in favor of a new approach called Maximum Allowable Cost (MAC). This is a prospective payment mechanism in which allowable payments are known in advance. This was followed, after a lengthy and very heated legislative debate, with a new state law, Chapter 372, enacted in

August, whereby Medicaid and Medicare reimbursement, over a three-year, experimental period beginning October 1, 1982, will be patterned after the Blue Cross MAC formula. Like the Blue Cross contract, Chapter 372 provides for prospective payment, and has strong incentives for hospitals to hold down cost increases; it will have a wide-ranging impact on the Deaconess and on the entire hospital system across the state. Meanwhile, of course, demand for health care is expected to increase, inasmuch as we are faced with a growing population which is aging and whose expectations for superior medical care are undiminished.

Planning for the future of our hospital is vitally important in these times of change, increasing competition and need to husband resources. We have, therefore, started a process, with the help of an outside consultant, to review our strategic plans for the '80s and to guide us regarding marketing, programs and facilities. The consultant is working under the direction of a trustee steering committee, and a preliminary report is expected around the end of this calendar year.

While no major building programs were undertaken during the period under review, we did complete several projects on schedule and on budget. Our cafeteria, which is one of the most heavily trafficked areas in the hospital, was refurbished during the summer and is once again bright and cheerful. In July, our fiscal services, outpatient billing and purchasing departments moved from Harris Hall to renovated quarters at 99 Brookline Avenue, space which we have leased from the Boston chapter of the American Red Cross. In September, we relocated our data processing department to a new, two-level structure located between the Baker and Palmer Buildings. We also established a hospital-wide program which, beginning with the installation of a CRT terminal and input/output equipment at the Farr 7 nursing station, will computerize and streamline our methods for handling certain types of patient information. This system, which we have named ODISY (On-line

Deaconess Information System), will permit our staff to order tests and to receive test results electronically. In addition, ODISY will allow us to accumulate charges for services automatically, thereby eliminating a great deal of paper shuffling and the related expenses. To protect our long-term interests, we purchased the storefront block on Brookline Avenue. We now own the entire frontage on Brookline Avenue, from Deaconess Road to Francis Street.



The Deaconess' reputation for outstanding patient care is dependent on our having a concerned staff, dedicated to helping our patients. Thus, we are quite proud of the fact that, each year, more employees become eligible for our Annual Service Awards Dinner. Last April, just over 900 of our staff had more than five years of service and were entitled to attend. This represented a total of more than 12,000 years of service to the Deaconess and our patients.

In July, Paul W. Earle joined our management team as associate director and chief financial officer. Dr. William A. Meissner, former chairman of the department of pathology, was elected to the honorary staff, after 39 years of service.

During the year, four honorary trustees passed away: Reverend Harold H. Cramer, Edward Dane, Stephen C. Luce and William M. Rand. They all served our hospital with loyalty and dedication for many years, and we will miss them very much.

Our sincere thanks to our trustees, medical staff, the Friends of the Deaconess and all of our employees for their continuing efforts to make the Deaconess a special place. The operation of our hospital grows more complex with each passing year, and we will continue to need their support to meet the new challenges which lay ahead.

Marvin G. Schorr

Marvin G. Schorr, Chairman

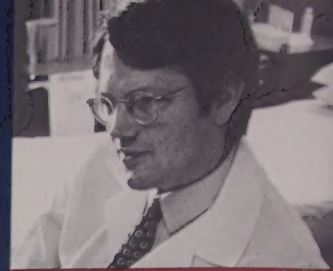
Laurens MacLure

Laurens MacLure, President

Department of Medicine

"Caring for others is something that Deaconess people do very well. Not just physicians and surgeons, but all of us. We are, you see, firmly committed to the idea that human compassion is basic to everything that happens in a hospital."

Edward J. Kosinski, M.D.
Cardiologist



That "the Deaconess is its people" is strikingly evident in the department of medicine, where the addition of new personnel during the past year has strengthened the department's overall program and has enhanced its ability to respond effectively to the clinical needs of Deaconess patients. A total of 33 new physicians were added to the staff of the department of medicine over the past year. All deserve mention, but space in this report will allow only limited highlights.

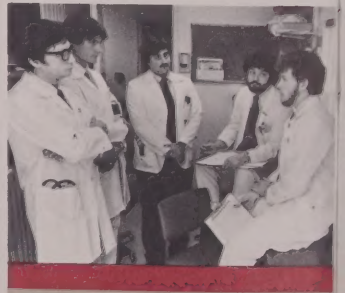
One of the most important functions of the department of medicine is the training of new physicians in the field of internal medicine. More than 70 young doctors presently serve as medical residents at the New England Deaconess Hospital and our affiliated programs at the Lahey Clinic Medical Center and Manchester (New Hampshire) Veterans Administration Hospital. These physicians not only provide routine medical care, but they also are the "first line of defense" when medical emergencies arise in the hospital. The Deaconess has been fortunate to attract a group of medical residents who are not only skilled and talented scientists, but who also have a deep sense of concern for the welfare of their patients. The latter is most important, since their close interaction with patients is one of the major factors which makes the Deaconess the special place it is.

Responsibility for the residency program has been ably handled by Dr. Murray M. Bern, head of the hematology section, with assistance from Dr. Steven R. Goldring, chief of the rheumatology section. Dr. Bern will be stepping down from this position so he can devote more time to the administration and other activities of the growing hematology section. Dr. George M. Eliopoulos has been chosen to replace him. A specialist in infectious diseases, Dr. Eliopoulos is

extremely well-qualified for this position. He is a graduate of Harvard Medical School, he served as an intern and medical resident at the Presbyterian Hospital in New York City, eventually rising to the position of chief medical resident. Later, he served as a clinical and research fellow in infectious diseases at the Massachusetts General Hospital, before coming to the Deaconess last July. In addition to his duties as assistant to the chairman for house staff training, Dr. Eliopoulos will continue his research and clinical activities in infectious diseases.

As a tertiary-care, referral hospital, the Deaconess treats a large number of patients with illnesses that make them susceptible to severe infections. Prior to this year, the hospital did not have its own infectious disease specialists. Instead, coverage was provided through consultation by physicians from Brigham and Women's Hospital and the Lahey Clinic Medical Center. The growing complexity of medical care has made it imperative, however, that the hospital have its own experts in the field. To solve this problem, Dr. Adolf W. Karchmer, an associate professor of medicine at Harvard Medical School, has been appointed head of the new infectious diseases section. A nationally recognized authority on infections of artificial heart valves, Dr. Karchmer is also known as an astute and caring clinician and an excellent teacher. His previous experience in infectious diseases was gained at the Massachusetts General Hospital where he served on the attending staff for the past 10 years. He is a graduate of Princeton University and Harvard Medical School, and served for several years as an epidemiology intelligence officer in the United States Public Health Service prior to his infectious diseases training at the Massachusetts General Hospital.

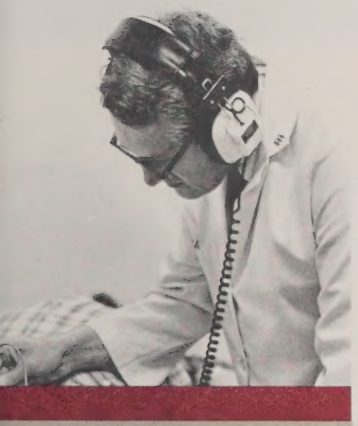
Joining Dr. Karchmer in the newly established infectious diseases section will be Dr. Eliopoulos and Dr. Scott M. Hammer, as specialist in viral infections. Dr. Hammer is a graduate of Columbia University College of Physicians and Surgeons, and served as a house officer at Presbyterian Hospital in New York City and the Stanford University Medical





"Being a Deaconess nurse means caring for each patient as a whole person—and caring for the patient's family as well. I feel that's because Deaconess people see themselves as members of a 'family' who care about one another."

Maureen Gibbs, R.N.
Intensive Care Nurse



Center prior to beginning his infectious disease scholarship at Massachusetts General Hospital. A talented clinician and teacher, Dr. Hammer also will establish a research laboratory which will enable him to study the biology of herpes viruses.

Atherosclerosis is the major cause of death in the United States. This process is the basis for coronary heart disease and myocardial infarctions (heart attacks) as well as cerebral thrombosis (stroke) and peripheral vascular disease. These complications of atherosclerosis are particularly frequent in patients with disorders of lipid (fat) metabolism and diabetes mellitus. Patients with these diseases are frequently admitted to the Deaconess. In recognition of this, a new division of peripheral vascular disease has been established in the department of medicine. Dr. Robert S. Lees has been chosen to head this division. An internationally known authority on lipid metabolism, Dr. Lees also has been instrumental in developing new techniques for the noninvasive diagnosis of atherosclerosis. He is presently professor of medicine at the Massachusetts Institute of Technology (MIT), and is on the staff at the Massachusetts General Hospital. Upon assuming duties here, Dr. Lees has helped to establish a new clinical laboratory for the noninvasive diagnosis of atherosclerosis. This laboratory is housed on Baker 1 and is being developed in cooperation with members of the departments of surgery and diagnostic radiology. Dr. Lees also will establish a lipid research laboratory and a lipid clinic at the Deaconess, and will serve the department of medicine as director of medical research. Dr. Lees is joined in his research efforts by Dr. Gordon S. Myers, a nationally known cardiologist who also has served on the MIT and Harvard Medical School faculties. The above represent totally new programs for the department of medicine. In addition to these, a number of new persons have been added to the staff in other areas. Dr. Richard M. Rose, a graduate of Harvard Medical School, left the Beth Israel Hospital to join our pulmonary section a year ago, and recently has been named acting head of that

section. An outstanding clinician, Dr. Rose also was named Teacher of the Year for 1982 by the medical residents of the Deaconess.

Dr. Zalman M. Falchuk joined the gastroenterology section of the department of medicine during the past year. A nationally known researcher in inflammatory bowel disease, who previously served on the staff at Brigham and Women's Hospital, Dr. Falchuk will continue his laboratory investigation while he maintains an active clinical practice.

The past year also has seen a number of new additions to the general staff. Among these is Dr. Richard L. Goldstein, an internist who formerly practiced at the Massachusetts General Hospital. In addition to his clinical practice, Dr. Goldstein will be involved in several research projects to examine medical care delivery. Members of the Blackwell Associates, including its organizer, Dr. Judith Waligunda, and Drs. Kim Bowman, Marian Klepser, Susan Kelly, Gail Kaufman and Gail Thurmond, also joined the general medical staff last year. Drs. Waligunda, Bowman and Klepser are graduates of the Deaconess residency program. The Blackwell Associates are unique in that their organization represents the first group of internists in Boston which consists entirely of women. Dr. Waligunda and her colleagues have named their group for Dr. Elizabeth Blackwell (1821–1910), the first woman physician to practice in the United States.

As the foregoing demonstrates, 1982 has been a year of major growth for the Deaconess department of medicine. The new staff includes persons with a wide variety of interests and skills, but all have in common a commitment to the Deaconess tradition of providing excellent, compassionate medicine while affirming the individual patient's well-being as the hospital's *first priority*.

Robert C. Moellering Jr., M.D.
Chairman

Department of Diagnostic Radiology

"My job is to help make a more beautiful and cheerful atmosphere for our patients. It's great to know that what I do makes a real difference in the hospital. But that's the Deaconess way—making everyone count!"

Holson Branch
Painter

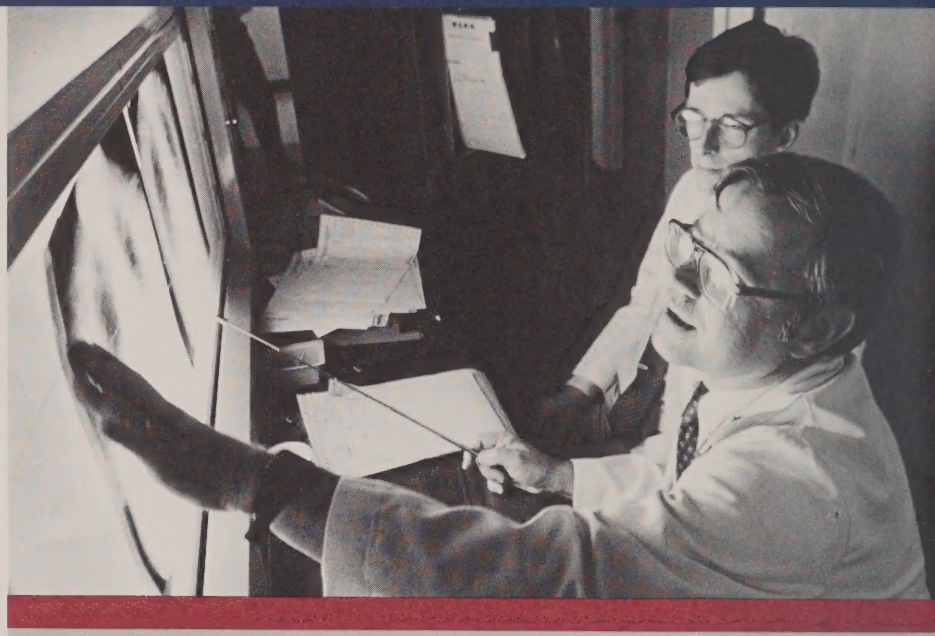


The tremendous advances achieved over the past 20 years in diagnostic radiology—including the development of angiography, nuclear medicine, ultrasound and computerized tomography—would not, of course, have been possible without the development of greater expertise among the people who work in radiology. These new technologies have had a significantly positive impact on the ability of Deaconess personnel to deliver high-quality medical care.

In a scant few years, the nonsurgical procedures of nuclear medicine and allied technologies have evolved from experimental infancy to trusted usefulness as clinical tools. They have allowed Deaconess radiologists to define and diagnose disease in a more comfortable fashion for patients, while the creative use of other techniques, such as angiography, have led to interventional techniques, a form of treatment which obviates the need for previously required general surgery and anaesthesia.

As always, progress presents new challenges. Deaconess radiology staff members are chosen for their excellence in patient care, for their capabilities in teaching and research, and for their desire to contribute to the advancement of their specialties. The present strength of the department—especially the unique backgrounds and special skills of its people—makes possible the diverse role which it plays in the effective care of Deaconess patients.

Dr. Daniel H. O'Leary, codirector of the noninvasive vascular laboratory, is board-certified in the dual specialties of neurology and neuroradiology, and is experienced with various ultrasonographic techniques for detecting cerebrovascular disease. As the principal investigator for a National Institutes of Health (NIH) contract, Dr. O'Leary is assessing the appropriate role of nonsurgical techniques in the diagnosis of carotid and peripheral vascular disease. This project involves five medical centers and will take three years to complete.



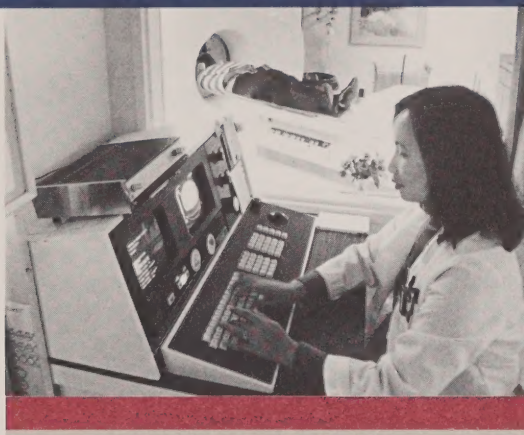
In the nuclear medicine section, Dr. Thomas C. Hill is developing the potential of emission tomography with single-photon pharmaceuticals such as the iodoamphetamines. The appeal of this modality, called SPECT, is in its potential to provide specific information on the extent of disease (quantity) as well as its ability to use isotopes that can be easily prepared and stored. Dr. Hill has produced convincing evidence that SPECT can identify cerebral infarction (stroke) earlier than other noninvasive techniques and can quantify the tissue damage due to stroke. The section also provides various, clinical, nuclear medicine examinations with the able assistance of Lou Emond, technical supervisor, who has been on the Deaconess staff for 10 years.

In the hospital's CT scan unit, Dr. Philip Costello works with the diagnostic radiology fellows and the supervisor, Laura Wong, to meet the escalating demand for CT scans without sacrificing quality and with sustained sensitivity to the goals of optimum utilization. In addition, Dr. Costello has developed a number of techniques for improving this new modality. His broad background in nuclear medicine, angiography and general radiology means he can offer special insight into the appropriate role of CT scans in the diagnostic process.



"Sensitivity to the feelings and needs of patients and their families is very important with Deaconess people. Their eagerness to keep abreast of the latest technologies and procedures in good patient care helps make the Deaconess such a special hospital."

Laura Wong, R.T.
X-Ray Technologist



The department's interventional and vascular unit (Drs. Clouse, Costello and Alday) has developed the use of highly sophisticated catheters for the diagnosis and treatment of cancer and cardiovascular disease. Early and precise diagnosis is made possible by the use of these catheters and special procedures, because the radiologists can observe what is actually taking place in the specific organ or tissue.

Meanwhile, the administration of appropriate substances, such as chemotherapeutic agents, to dissolve malignant material or to arrest the supply of blood to tumors, has begun to obviate the need for major surgery. Special techniques also allow Deaconess radiologists to clear obstructive material from veins and arteries with a procedure so benign that many patients can go home within 48 hours. In all events, these new procedures, some of them still under development, greatly improve the quality of life for our patients.

In addition to the work of the unit's physicians, special mention should be made of Thomas Lane, section supervisor and, for seven years, special procedures technologist. He is known for his special sensitivity to often apprehensive patients and for his technical expertise which has developed from long experience.

During the year, the department was the grateful recipient of a new mammogram unit given by the Friends of the Deaconess. This new x-ray unit is used in the detection of breast cancer, and will allow the department to expand the scope of mammography at the hospital.



The research efforts in each area of the Deaconess radiology department are facilitated by the research office, staffed by Dr. Hugh Wheeler and Sally Ann Edwards. The office is equipped with a desk-top computer and a terminal linked with the Harvard computer facility. Dr. Wheeler has a strong background in applied statistics and quantitative research. Having come to the Deaconess from a social science background, Dr. Wheeler has observed that the special appeal of the Deaconess is rooted in the opportunity it presents to work in a field that directly benefits people and to work with professionals who are recognized authorities in their fields.

Educational activities in diagnostic radiology are directed by two members of the department who have specific interest in education. Dr. Herbert F. Gramm, director of resident training, has brought the department's young program to a stature where the program is fully subscribed each year by top medical school graduates.

Rosemary Blanks, a registered technologist and a specialist in education, is well-suited to be the educational coordinator for the radiologic technologist program. In this capacity, she provides scheduling and instruction for radiologic technology trainees, orientation lectures for new residents, and guest speakers for inservice education of the technologists who staff this vital training program. We in the diagnostic radiology department seek to maintain the quality and volume of our service in the face of ever-increasing financial constraints. Development of policies and programs which will help us to attain that goal is the responsibility of Susan Rosenblatt, administrative assistant, and Robert Clark, technical director.

In each of the diagnostic radiology department's sections, new procedures are continually being developed and refined. These advancements—combined with the unique skills of the people on our staff—contribute substantially to the high-quality, patient-centered medical care for which the Deaconess is so widely known.

Melvin E. Clouse, M.D.
Chairman

Department of Pathology

"I'm studying nursing at a hospital where people all take their jobs very seriously and perform them to the best of their abilities. There's a feeling of togetherness here. Everyone at the Deaconess strives to provide the best possible care for patients. That's an important part of my education."

Cynthia Hunt
School of Nursing Student



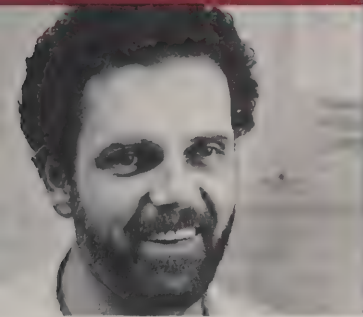
The essence of the department of pathology is not the Meissner Building, beautiful and well-designed for laboratory work though it is. It is not even the complex and sophisticated machines that we talk about so much and that facilitate the processing of large numbers of specimens economically, accurately and far more rapidly than the comparable procedures done by hand. Nothing would work without the large group of people who really are the department. Even the most sophisticated machines, so essential to the modern laboratory, require calibration, quality control, and troubleshooting. Otherwise, the data are meaningless. Additionally, in the absence of thoughtful decisions for proper utilization of laboratory tests or thoughtful use of the information produced, a great deal of effort and expense would be wasted.

Since the volume of laboratory work has increased more than 13% over the previous year, without increased personnel, it is clear that the individual people in the laboratory sections must be responding as persons who care deeply about the welfare of our patients. The drive to respond quickly and well to increasing demands for laboratory medicine may cause stress, even though the response is good. The increased burden is disproportionately felt in some sections. For example, the blood cultures increased 50% in the spring; consequently, Dr. Paola C. DeGirolami and the supervisor, Karen Eichelberger, MT (ASCP), had to shift the effort in that direction and expand the automation that has recently become available for blood cultures. The same sort of disproportionate burden was placed on the blood bank, with about a 50% increase in pheresis procedures—those in which patients are treated by removing some blood components and returning the rest of their blood to them, or by which some components, such as platelets, are selectively removed from a donor's blood while the rest of the blood is returned. Dr. Monica Gallivan and Mary Mitsui, MT (ASCP), supervisor, had to realign the efforts in the blood bank to be

able to perform this important and sophisticated, but time-consuming procedure. The disproportionately increased workload on the evening and night staffs, led by Mary Ann Frigoni, MT (ASCP), is another example.

The pathology department presents many faces in its contacts with other departments. It might be Dr. Karoly Balogh or Dr. Ann W. Crosson spending an hour or more in the operating room doing a series of frozen sections to solve a difficult problem presented by a patient during surgery. It might be the medical technologist and electrocardiographic technician who respond as part of the cardiac arrest emergency team. Actually, the pathology team is a diverse one but, without each member, the department could not deliver high-quality, laboratory medicine—an essential element in the best of patient care. The team includes: pathologists; associated scientists; residents; medical technologists; histotechnologists and cytotechnologists; electron microscopy technicians; blood bank, chemistry, hematology and microbiology specialists; dieners; aides; secretaries; phlebotomists; electrocardiographic technicians and others. Dr. Balogh cannot diagnose a specific tumor from a tissue section on a microscope slide unless the residents, dieners, secretaries and histotechnologists all do their jobs well. Dr. Charles F. Arkin needs the help of a similar team in hematology to be able to interpret the changes in a bone marrow biopsy. If the housekeeping is poor and materials become contaminated, test results change and patients suffer. No one is separated from the care of patients, the primary function of a hospital. The skills represented by the people in different components of the department are quite different. The cytotechnologist who studies smears through the microscope, searching for cancer cells all day long, is an entirely different kind of person, not just a differently trained person, than the medical technologist who operates the SMAC, the huge machine that analyzes 20 different chemical components from each of hundreds of blood specimens. The control center people, through whose hands more than a million reports pass each year, are different than the dieners who help the pathologists and residents during an autopsy.





"Clinical data is vitally important in patient care. Knowing that, we strive for the highest standards of accuracy and quality in our hospital's laboratories. Anything less would be unacceptable and wouldn't be worthy of Deaconess tradition."

Shawn R. Kinney, M.T.
Laboratory Technologist

It is the team that counts in patient care, whether it is the massive group effort necessary for an autopsy, the ultimate, quality-control tool of medicine, or the relatively simple measurement of blood hemoglobin. And, conversely, the laboratory team cannot be separated from the clinical physicians and nurses or from the house-keeping and maintenance people, all of whom contribute to the hospital's principal enterprise—the care of patients.



Some very significant changes during the year have increased the responsiveness of the pathology department. The move to new, larger quarters for the Lowry Medical Office Building laboratory has improved greatly the comfort and care of the patients who go there and has increased considerably the speed at which their testing can be done. A new machine in microbiology has automated the identification of gram negative bacteria. The minimal inhibitory concentration of antibiotics for specific organisms is now reported. The full establishment of the "stat" (*statim* or immediate) laboratory on Farr 6 has made available rapid results from the tests that are needed immediately to care for patients. The laboratory not only has

shortened its response time but also has cut expenses by taking the night-shift technologists out of the Meissner Building. Free drug levels, that is, the levels of drugs unbound to protein, are now being done. The shift to the computer system, a vast effort, already has started.

The major commitment of the department to education at all levels continues. Dr. Benjamin Gerson, with others, started a very successful, new Harvard postgraduate course on therapeutic drug monitoring.

The psychiatric chemistry laboratory—a cooperative effort between psychiatric research and laboratory medicine—was developed several years ago by Dr. Joseph J. Schildkraut. It is a prototype laboratory, now being replicated across the country. The diagnostic tests and therapeutic monitoring conducted in this laboratory have ushered in a new era in psychiatry. Dr. Paul Orsulak, who supervised our Deaconess laboratory so successfully, has left the hospital to develop a similar installation at the University of Texas Health Science Center, in Dallas.

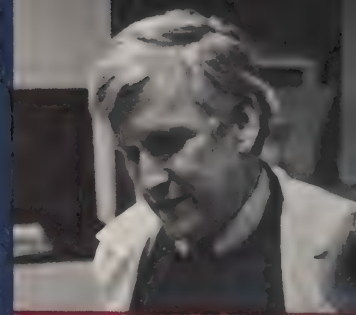
Regretfully, the department also has lost Dr. Barbara W. Zaias and Dr. Henry Steady, who have moved on to new assignments. Dr. Samuel Balk has joined the staff to add a major, new effort in cancer research, and Dr. William T. Lockard Jr. has assumed the difficult, but essential position of administrative pathologist. Dr. Takashi Maki, who has an appointment shared with the department of surgery, has undertaken new responsibility for the tissue typing laboratory and related immunologic testing.

All of these changes emphasize the constantly changing demands on the pathology department, its people and its resources, and reflect our commitment to the abiding Deaconess tradition of always putting the needs of the patient above all other concerns.

Merle A. Legg, M.D.
Chairman

"In today's complex medical care, it's not possible for any single individual or department to meet the patient's every need. Team work is critical, and that's key to the Deaconess reputation for excellent patient care. Deaconess people have a dedication to the team approach that is unique among teaching hospitals."

George L. Blackburn, M.D.
Surgeon



Department of Surgery

In keeping with the theme of this 1982 report, it is appropriate to point out that surgery at the Deaconess has long enjoyed a reputation not only for impeccable craftsmanship but also for genuine, humane concern. Patients come to the Deaconess from all over the country and the world for the most sophisticated forms of surgery, knowing that the people of this hospital see the needs and well-being of the individual patient as their first priority.

General Surgery

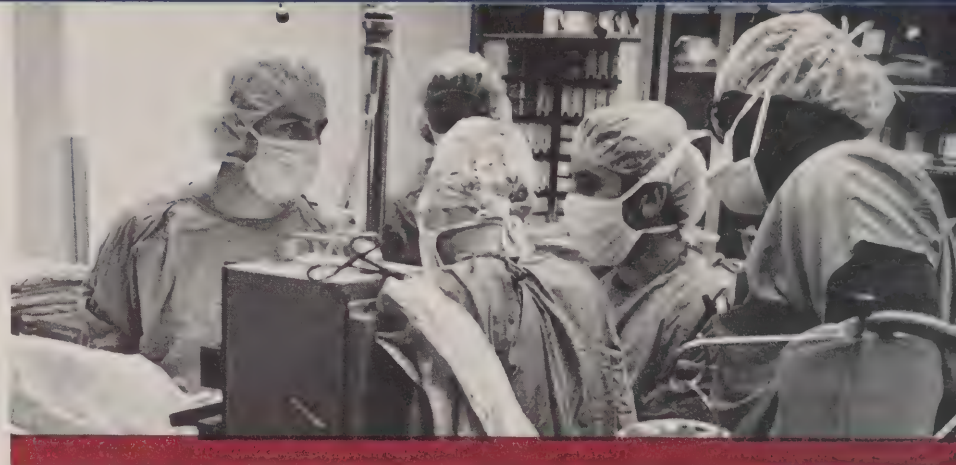
General surgery remains the core of any department of surgery, and provides the unifying focus for the increased specialization which has developed during the past several decades. Major activity in clinical surgery and research has been largely focused on gastrointestinal and pancreatic-biliary problems, on intensive care, endocrine surgery, and the more specialized areas of plastic and reconstructive surgery.

Nutrition and Metabolism

This field literally has exploded in recent years. Under the direction of Dr. George L. Blackburn, this section has developed a national reputation for dealing with problems ranging from malnutrition and emaciation to morbid obesity—as forms of chronic disease. An increasing number of gastric bypass operations have been performed here after careful multidisciplinary screening and preliminary dietary trials under the supervision of Drs. Albert Bothe Jr. and Peter N. Benotti. This section also provides well-organized ambulatory service, and extremely well-attended graduate courses in the field.

Clinical Transplantation

Dr. Anthony P. Monaco, with the assistance of Drs. Anthony Sahyoun and Peter N. Madras, has expanded the work of this unit to the point where the Deaconess is one of the most active transplant centers in New England. Between 50 and 60 kidney transplants are performed here each year. It is gratifying to report an increased success



rate in the difficult area of kidney replacement in the diabetic patient. This work is done in collaboration with the Joslin Diabetes Center. Members of the unit anticipate early and further progress in the areas of liver and pancreas transplantation.

Surgical Oncology

During the past year, Dr. Blake Cady joined the general staff of the department as coordinator of surgical oncology. Dr. Cady's coordinating efforts have provided a major stimulus to activities in this crucial area which spans all the surgical specialties. Dr. Cady has been active in collaborative efforts with the Sidney Farber Cancer Institute, where he serves in rotation as chief of surgery and where he has developed lines of communication of mutual benefit to both institutions. Dr. Daniel Miller has developed an extensive and busy clinic for ear, nose and throat disorders, and Dr. Wilford B. Neptune has been active as a consultant in the pulmonary unit at the Farber Institute as well. Such collaboration and cooperation is also of enormous benefit to our Deaconess patients.

Vascular Surgery

As specialization in vascular surgery continues to grow, this section, under the direction of Dr. Frank C. Wheelock Jr., plans to add a vascular fellowship to the program to provide additional expertise for the ongoing training of graduates of our own residency program and for applicants from other universities.



"Deaconess people always set very high standards for the patient care they provide. Working together and going beyond what's required of you are important. We take pride in our hospital and in the varied services we perform."

Margaret A. MacInnes, R.D.

Clinical Dietitian

Urology

During the past year, Drs. Robert E. Desautels, Lorande M. Woodruff and Robert C. Eyre have taken the greatest responsibility for clinical care in this area. Meanwhile, a search committee, established jointly by the Deaconess and the Harvard Medical School, is examining candidates to fill an established position as professor of surgery at the medical school and chief of the division of urology at the Deaconess. Completion of this search in the near future will strengthen the division considerably.

Neurosurgery

Dr. Ernest S. Mathews has joined the Deaconess staff and the department of surgery. Dr. Mathews supplements the activities of Drs. Charles A. Fager and Stephen R. Freidberg who, despite the relocation of the Lahey Clinic Medical Center, continue to utilize Deaconess facilities.

Other Surgical Divisions

Several departmental divisions—cardiothoracic, headed by Dr. F. Henry Ellis Jr.; orthopedic, under Dr. William R. MacAusland Jr.; gynecology, led by Dr. Clement Yahia; ophthalmology, directed by Dr. Lloyd M. Aiello; and ear, nose and throat, under Dr. Daniel Miller—have been described in detail in past reports and will be examined in greater detail in the future.

Education and Training

The residency training program in general surgery at the Deaconess remains popular and competitive. Last year, the program attracted a superb group of approximately 300 applicants, from which seven were selected through the National Residency Matching Program to go through the five- to six-year program in general surgery. Another seven residents come to the Deaconess for two years of basic training before entering one of the major specialties. The program has been strengthened by new efforts in cardiothoracic and plastic surgery.

The professional staff continues to find the teaching of Harvard Medical School students stimulating, and our program is popular with the students themselves who come to the Deaconess for education in formal courses, introduction to clinical medicine and surgical core clerkships, as well as for special electives.

The department has continued to develop outreach programs, which now include the Monadnock Community Hospital in Peterborough, New Hampshire, St. Luke's Hospital in New Bedford, and the Springfield Academy of Medicine as well as, along less formal lines, a number of other community hospitals throughout New England.

A New Development— Intraoperative Radiotherapy

Renovation of Deaconess operating rooms has made possible a capability unique in this country. The hospital now has the first dedicated facility within an operating room suite for delivering radiotherapy during the course of surgical procedures for certain special types of malignant tumors. This unit is being utilized extensively under the supervision of Dr. Tyvin A. Rich of the department of radiation therapy and Dr. Blake Cady from surgery. Initial results already have been compiled and submitted for publication.

The ability of the Deaconess department of surgery to develop and deliver better surgical care to Deaconess patients would not be possible without the remarkable commitment to teamwork on the part of so many people—not only the surgeons themselves, but also specialists from other departments of the hospital, our splendid operating room nurses and others from the more than 120 members of the department of surgical services who support our every effort.

In a very real sense, the department of surgery demonstrates that, indeed, "the Deaconess is its people."

William V. McDermott Jr., M.D.
Chairman



Department of Anaesthesia

"Deaconess people are very much united by their desire to provide kind service and care. I've always felt that each of us has an important part to play in the care we give to patients. That's what the Deaconess is all about!"

Arlene Hudson
Food Service Assembler



The year 1982 has been a particularly exciting one for the Deaconess people on the anaesthesia staff, because the hospital established a full, separate department of anaesthesia, with a permanent chairman—a move already made at the Harvard Medical School and its other affiliated, teaching hospitals.

Since the early days of the Deaconess, when Dr. Daniel Fiske Jones employed his own nurse anaesthetists and Dr. Frank Lahey placed physician anaesthesiologists in his clinic, anaesthesia had been under the department of surgery. During the 1950s and '60s, both Lahey Clinic and the independent anaesthesia group conducted anaesthesia residency training programs. Closure of the programs a decade ago, however, resulted in the utilization of a new concept, the anaesthesia care team. Under this concept, anaesthesia is administered by a certified, registered nurse anaesthetist (CRNA) working under the medical direction of an anaesthesiologist, with numerical and geographic relationships among the team members so as to allow the continuous exercise of the anaesthesiologist's medical judgment throughout the entire conduct of the anaesthesia. This approach is now widely used in the United States.

Subsequently, the anaesthesia group also was invited to provide anaesthesia care at the Faulkner Hospital in Jamaica Plain, where the department of surgery is a member of the Deaconess-Harvard Surgical Residency Training Program and a number of Deaconess surgeons also have appointments. Finally, with the relocation of the Lahey Clinic, the anaesthesia group was given responsibility for all anaesthetic care at the Deaconess, as well.

Since 1973, the group has provided instruction in anaesthesiology to some 18 percent of the Harvard medical students and to all the first-year residents in the Deaconess-Harvard surgical program.

Physicians in the department of anaesthesia have Harvard Medical School faculty appointments. In 1969, the Harvard Faculty of Medicine voted a separate department of anaesthesia, at that time with some 50 doctors, 21 of faculty rank. Today, in the department at Harvard, there are 180 physicians with appointments, 56 of faculty rank.

Goals of the new anaesthesia department include the continuation of excellence in clinical anaesthesiology as the primary objective, supported by a strong commitment to teaching. In addition to the medical students and surgical residents, there are now anaesthesia residents on rotation from the Brigham and Women's Hospital program. Especially important for them is the emphasis at the Deaconess on pulmonary, gastrointestinal and otolaryngological surgery, as well as the fine balance of other surgical specialties.

Additional goals include further development in the clinical supervision of the recovery room, with establishment of an ongoing, continuing education program, as well as increased participation in the hospital's quality assurance management, especially as related to prevention of anaesthesia mishaps.

Staffing has proceeded quite satisfactorily. Presently, there are 14 anaesthesiologists, 16 nurse anaesthetists (CRNAs), and the residents. Several anaesthesiologists are board-qualified or eligible in other specialties (cardiac surgery, pediatrics, internal medicine), as well as in anaesthesia.

The breadth, diversity and challenge in surgery at the Deaconess, as a specialty-referral institution, must continue to attract well-qualified anaesthesiologists with special training. Advances in the field of anaesthesiology in the past decade have been striking. This department has kept abreast of the changes and will continue to do so.

Brilliant surgery is not possible without brilliant anaesthesia. And both are important to the Deaconess mosaic of excellence in total patient—people—care.

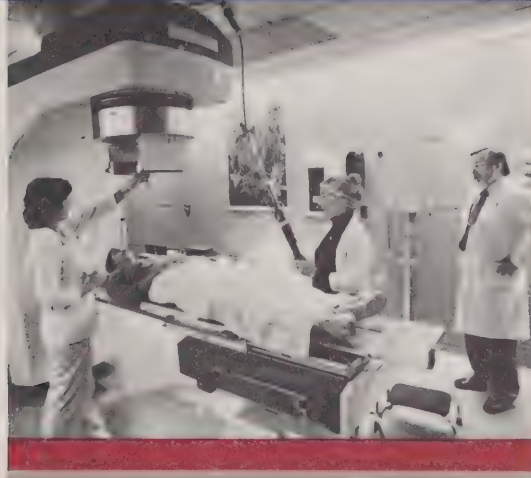
Ellison C. Pierce Jr., M.D.
Chairman





"High technical competence and deep, personal compassion for patients and their families characterize Deaconess people in all areas of the hospital. They will go out of their way to be helpful. It's just our way of doing things here."

Rev. F. William Schuster
Chaplain



The department of radiation therapy is composed of people dedicated to the care of Deaconess patients and patients referred here from the other member hospitals—Beth Israel Hospital, Brigham and Women's Hospital, Children's Hospital Medical Center, and Sidney Farber Cancer Institute—of the Joint Center for Radiation Therapy (JCRT), under the auspices of Harvard Medical School.

The Deaconess unit of JCRT cares for the largest number of patients and offers a number of unique services. This year, administration of the Joint Center shifted to the Deaconess from the Brigham and Women's Hospital; JCRT is headquartered in the Shields Warren Radiation Laboratory. The transition has been accomplished smoothly through the extraordinary efforts and great patience of Richard Roberts and Debra Davis.

While it began as a research project, computer-controlled radiation therapy has become almost a routine treatment modality. Dr. Peter Kijewski of our physics group has taken the initiative in this experimental project which provides us a new method for concentrating extremely high doses of radiation in the tumor, without unduly irradiating normal tissue, by using computer-controlled modifications of the treatment while it is taking place.

A new program in patient counseling has become an expanded assignment for our nursing staff. Mary Schade, LPN, has developed a new system for careful counseling of patients before and during their radiation

treatment program to assure that all their needs—social, emotional and medical—are being met. This important service exemplifies the Deaconess tradition of personalized patient care, and helps to frame the exacting approach of computer-controlled radiation therapy within the context of a warm, compassionate atmosphere.

Working closely with our colleagues in the department of surgery, we have developed a new program of *intraoperative radiation therapy*. Using an orthovoltage x-ray therapy machine which was moved from our department's facilities in the Meissner Building into an operating room suite specially designed and outfitted for this purpose, we have created the nation's first dedicated facility for the delivery of radiotherapy during surgery. Here, a combined radiotherapeutic and surgical team plans and delivers treatment, after careful consideration by Dr. Blake Cady of the surgical staff and Dr. Tyvin A. Rich of the radiation therapy department staff. The tumor is sufficiently separated from normal tissues so that Sarah Fitzgerald, radiation therapy technologist, can apply the intraoperative radiation directly to the tumor without unwanted radiation reaching normal tissue. To date, the treatment has been given to 25 patients and, while the results have been quite encouraging, this treatment modality still is new and its ultimate effectiveness yet to be determined.

Another exciting, ongoing project involves our efforts to treat breast cancer by local surgical removal and radiation therapy, but without mastectomy. These studies continue to produce encouraging results.

In keeping with the Deaconess tradition, all of our efforts have as their goal the reduction of morbidity and mortality associated with malignant disease, while maintaining the quality of life for our patients and providing medical care of the highest calibre in an atmosphere of warmth and compassion.

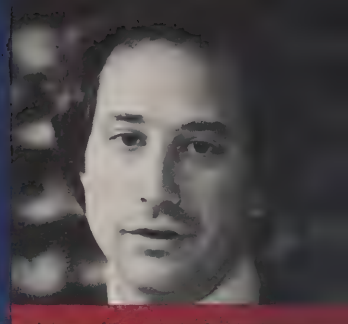
Samuel Hellman, M.D.
Director



Research

"There's an unusual warmth and friendliness here . . . a true concern for the patient's well-being. You notice right away the spirit of cooperation among Deaconess people. They respect and admire their hospital and each other. And the hospital returns the feeling!"

Peter G. Cataldo
Pharmacist



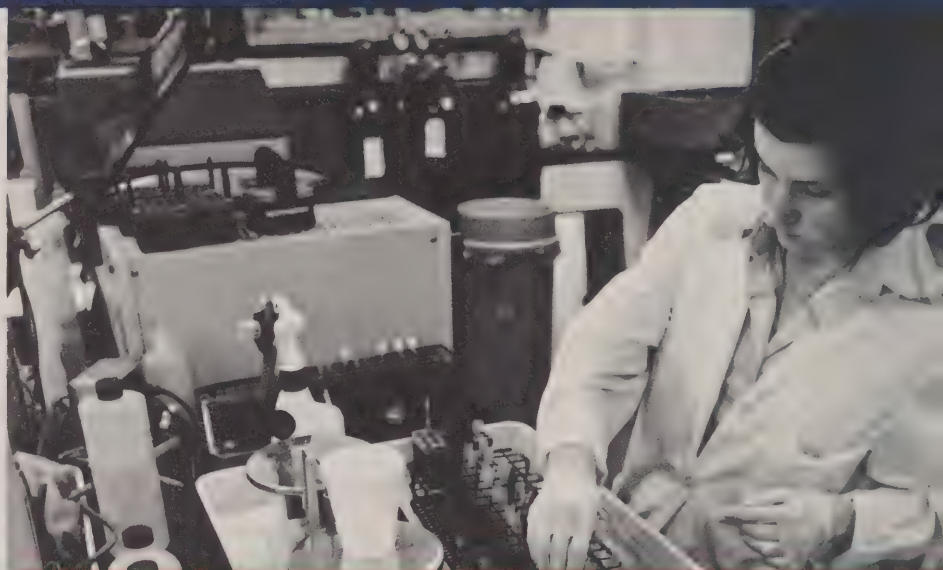
Space and funding do not conduct research. People do, and the Deaconess is fortunate in having attracted superb teams of researchers. New research impetus in medicine, diagnostic radiology, and pathology will have a great effect on the hospital and its tradition of delivering the most distinguished patient care.

It must be noted, however, that new principal investigators and their projects will require additional space and funding at a time when federal funds are increasingly difficult to obtain. Currently, the office of grants and contracts manages only six federal grants and one federal contract. Nonfederal support consists of 26 funds from foundations and industrial sources. Forty-six federal, foundation, and industrial applications are pending. It will be some time before funding from private sources of support will reach the level of lost federal support.

The Deaconess will continue to require more research space. The Cancer Research Institute (CRI) addition and space in the Shields Warren Radiation Laboratory (SWRL) will relieve the problem partially, but, as research continues to grow, more space will have to be found and existing space will have to be reallocated according to need and financial support.

Shields Warren Radiation Laboratory

Radiation research continues as one of the Deaconess' most important fields of interest. Experimental diagnostic radiology, led by Dr. Herbert L. Abrams and Dr. Norman Holleberg, experimental nuclear medicine, under Dr. S. James Adelstein, and experimental radiation therapy and the Joint Center for Radiation Therapy, directed by Dr. Samuel Hellman, all are located in this laboratory named for the late Dr. Shields Warren, a renowned pioneer in radiological research. Cancer remains an important research focus in experimental diagnostic radiology. Researchers have developed new contrast agents for scanning liver lesions and factors that have been identified as allowing



tumors to recruit new and crucial blood supplies. Parallel studies are focused on hypertension and congestive heart failure.

Researchers in experimental nuclear medicine are developing new agents to diagnose and study the biological consequences of radioactive materials deposited in the body and to evolve new therapeutic agents and evaluate the hazards of their use. Other members of the department are studying genetic radiation effects, and the chemistry of technetium, the radioisotope most frequently used in diagnostic nuclear medicine. Recent accomplishments include: a new approach to treating ovarian cancer; labelling mammalian cells with radioactive materials; a possible agent to diagnose heart and kidney diseases and to locate blood clots; a technique to microinject various radionuclides into viable cells in order to diagnose infection.

Robert D. Pence
Administrative Director

Cancer Research Institute

During the past year, the Deaconess experienced a great loss in the sudden death of Dr. W. Eugene Knox, who had been head of the department of biochemistry for 29 years. His contribution to the institute, the hospital, and to research in general is of very great dimensions.





"The Deaconess is staffed by people dedicated to the highest quality of patient care. The morale among our people is extraordinarily high, because each one knows that individual effort counts for a lot. There's a strong sense of team work—a special, 'family' feeling."

Judy Dalton
Patient Unit Secretary

The oldest research facility of the Deaconess, the original Cancer Research Institute structure, was built in 1951, with additions in 1958 and 1981. The latter increased the size of the building by about one-third. As a result, research space was made available for Department of Medicine Chairman Dr. Robert C. Moellering Jr. and his colleagues, Dr. Adolf W. Karchmer and Dr. Scott M. Hammer. This building also houses the office of grants and contracts, managed by Mark A. Flaim, the protocol office, supervised by Natalie Fossati, the Deaconess' tumor registry, overseen by Marian Sciarappa, the offices of Dr. William V. McDermott Jr., chairman of the department of surgery, and the laboratories of electron microscopy under Dr. Micheline Federman.

Institute sections and their leaders are: mammalian differentiation, Dr. Annemarie Herzfeld; medical oncology, Dr. Jacob J. Lokich; nutrition, Dr. George L. Blackburn; surgical metabolism, Dr. George H. A. Clowes Jr.; and transplantation and immunology, Dr. Anthony P. Monaco.

Dr. Herzfeld's group is trying to determine if nonliver tissues are biochemically competent to fulfill some functions normally carried out only by the liver. Preliminary findings suggest that the small intestine of newborn rats contains the enzymatic complement to prevent toxic accumulations of ammonia. Further studies will try to determine whether or not such a metabolic sequence in nonliver tissues becomes functional under conditions of liver pathology.

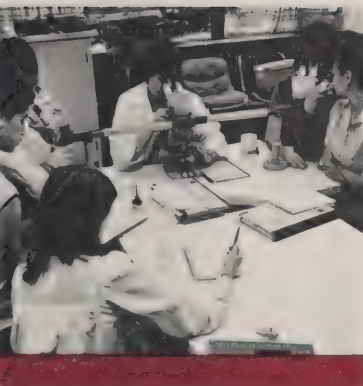
Dr. Lokich's team is working with a new technique, ambulatory pump infusion, to deliver cancer chemotherapy. Studies of more than 200 patients, employing five different chemotherapeutic agents, indicate therapeutic improvement for each, while virtually eliminating side effects. These programs, which deal with many types of tumors, are being considered for national trials. As a result of the efforts of this section and its affiliates, the Deaconess has been invited to submit a proposal to participate in the National Cancer Institute's Community Clinical Oncology Program.

In Dr. Blackburn's nutrition section, staff members work to increase understanding of metabolism in the treatment of patients. They are involved in medical care and research with other colleagues at the institute, as well as at Harvard Medical School and Massachusetts Institute of Technology. A major objective is continuing education and training. The Deaconess enjoys a national and international reputation for combining all disciplines in its daily treatment programs. Dr. Clowes and his colleagues are investigating physiological and metabolic reactions essential to survival and recovery from injury and infection. Visceral tissue synthesis of special proteins required for defense against infection, maintenance of organ structure and wound healing is being studied. An accurate test has been developed to measure the clearance or uptake rate of amino acids which the viscera use for protein synthesis. This allows accurate predictions to be made as to which patients with liver failure can survive and which amino acids must be administered to support protein synthesis. This group also has isolated in infected and injured patients a glycopeptide which induces the breakdown of protein associated with emaciation in the seriously ill.

Members of the transplantation and immunology section are investigating skin graft prolongation in immunosuppressed mice. A graft model is used to study cells recruited to the graft after immunosuppression and presentation of cellular antigen. Cells infiltrating the graft are studied to show that, after immunosuppression, nonspecific suppressor cells are found in the graft site. Meanwhile, other researchers in this section are developing methods of diagnosing bladder cancer.

While Deaconess patients rarely encounter the investigators who are conducting the hospital's research efforts, they do benefit from the improved treatment protocols and clinical care which are developed through the application of knowledge gained in the laboratory. Here, too, the Deaconess is very much its people.

Anthony P. Monaco, M.D.
Scientific Director



Department of Volunteer Services

"The Deaconess is blessed with excellent doctors and nurses and skilled support staffs. Loyalty to the hospital, friendliness toward each other, and sincere compassion for the suffering all seem to pervade the atmosphere of the Deaconess."

Ada B. Deal
Volunteer



The Deaconess tradition of people caring for people is eloquently illustrated in the department of volunteer services. Selfless, concerned and generously loyal, volunteers in the Deaconess community represent a broad spectrum of personalities, age groups and backgrounds. They are high school and college students, housewives, people preparing to enter the world of work, and those retired from business or professional careers. The latter often make such observations as, "It is good to still have some structure in my day, knowing I have a place and assignment where I am expected." Or, "I've worked with numbers and figures all my life, and now I feel so creative to be working with people."

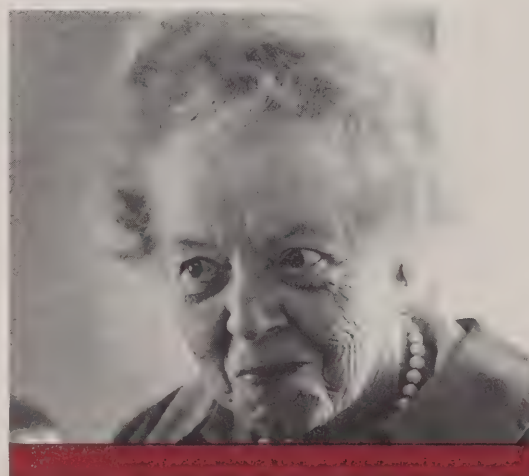
Some of the more visible volunteers are to be seen in the gift and thrift shops, in the lobby and in patient services. Many others work behind the scenes, in the warehouse, in intravenous therapy, at the chapel's services, or even stuffing envelopes and collating brochures in an office. Still other areas of volunteer service include the dietary department, credit union, medical records, nursing education, laboratories, personnel, pharmacy services and the print shop.

Messenger service volunteers expedite the transport of patients and materials to and from their destinations within the hospital. Volunteers make it possible for the craft and library carts to be brought to patients more frequently than otherwise would be possible. They assist in therapeutic recreation programs for psychiatric and diabetes treatment unit patients. Volunteers of student age are introduced to the hospital environment and to health care careers by working in such areas as physical therapy, where they find the atmosphere "exciting and stimulating." One of last summer's volunteers, a premedical student, not only assisted in the ambulatory services unit, but also gained invaluable professional experience for the future. Community outreach brought students to the hospital from Project Shalom and from Action for Boston Community Development. (ABCD).

Children of Deaconess employees, who volunteer after school and during the summer, bring a special sense of commitment and continuity to their experience. The young bring enthusiasm and energy to assignments, while the retired bring maturity and years of life experience to the work. This year, members of the volunteer services department contributed to a postemployment planning program for Deaconess personnel.

Former patients and members of former patients' families provide the hospital with one of its greatest sources of volunteers. Many believe that volunteering at the Deaconess is a way of saying "thank you" for excellent patient care. There are constant expressions of mutual respect and appreciation between the hospital's staff and the volunteers.

An increasingly recognized and important member of the health care team, the



volunteer helps to bridge the gap between the professional needs of a large institution, like the Deaconess, and the very immediate and personal needs of its patients.

In 1982, over 200 Deaconess volunteers gave more than 20,000 hours of service to the hospital, its patients and its staff—a special gift from a very special group of Deaconess people!

Phyllis Wasserman
Director of Volunteer Services



"It's the devoted, caring people of the Deaconess who make it a very special haven for the sick. Deaconess people all share a dedication to the needs of patients . . . above all else. That's our tradition, and it has remained unchanged for almost a century!"

Florence P. Lee
Friends of the Deaconess

The Friends of the Deaconess have been "Deaconess people" for 51 years. The second half-century has begun with great expectations for enduring growth which continually involves more people. The Friends now number 428 people, both life and annual members.

Among those Friends who died in 1982 was Mrs. Alice S. Warren, one of our six founding members. Mrs. Warren, widow of Dr. Shields Warren, served as treasurer of the Friends from 1931 until 1965, and maintained a lively and concerned interest in the Deaconess and its people into her ninth decade.

The Friends' year began, or ended, depending on one's point of view, with a luncheon in October, both a pleasant, social occasion and one for submitting annual reports of the preceding fiscal year.

November was consumed with preparations for the Christmas bazaar. From early in the morning of December 4, until midafternoon, the Farr Lobby was once again jammed with people hoping to get the best plant or perfect Christmas gift.

The other major Christmas event is the "open house" for all patient visitors held in the lobby on a Sunday afternoon in mid-December. Light, seasonal refreshments proved once again to be an excellent morale lifter. Favors marked "Merry Christmas from the Friends" brighten patients' hospital trays at this time of year.

All year long, the gift shop, with new merchandise, and the thrift shop, with "renewed" merchandise, were in operation. Both shops serve not only Deaconess people, but also our neighbors who live and work in the Longwood medical area. With all proceeds from the gift and thrift shops given directly to the support of the hospital—more than \$1 million over the past 51 years—the Friends have made a major contribution to the high calibre of Deaconess facilities, services and programs.

Another continuing project is the arts and crafts cart, which volunteers take to patients in need of projects to occupy their hands and stimulate their minds. Materials and instructions are provided by the Friends.

Come spring, the opening of the Baker Building's roof garden, a special project of the Friends, makes available a relaxing spot in the sun for patients as well as staff. The annual refurbishing of this garden is made possible by proceeds from a plant sale held by the Friends just before Memorial Day.

For the early July arrival of the new resident physicians in various Deaconess departments, the *Welcome to Boston* booklet, compiled by the Friends, was revised and reprinted. The booklet, together with a reception in the newly redecorated Harris Hall living room, welcomed this new generation of young Deaconess people.

Another Friends' tradition is the annual Deaconess Night at the Pops, where people relax with people and enjoy the incomparable Boston Pops Orchestra, all for the benefit of the New England Deaconess Hospital School of Nursing Scholarship Fund. Proceeds from the Pops night and the Christmas bazaar are earmarked for that fund each year. The third portion of the Friends gift to the scholarship fund is presented at the annual June graduation ceremonies and consists of gifts made by various Methodist Church women's groups throughout New England. In the past year, the Friends organization assumed responsibility for soliciting these gifts from its office in Harris Hall.

We have begun to centralize our operations in this office space provided by the hospital. There is never a dull moment; nor is there room to move, with donations of books piled in cartons ready for the next book sale, yarn for Christmas knitting, and piles of treasurer's reports. Yet, a lot of "Friendliness" radiates from here to reach many people throughout the hospital. A particular example of that caring and concern for people is the Friends' Coffee and Conversation program, held every week in the hospital's oncology unit.

While our program may not seem to change significantly from year to year, the people do change, and they grow in numbers. We need everyone's help, and we propose a new slogan—"Be Friend-ly!"

Mary Eliza McDaniel
President
Friends of the Deaconess



"In housekeeping, we try to give each patient the most pleasant and comfortable surroundings possible. It's very rewarding to be part of the Deaconess, because you know that your every effort is important for our hospital and the patients it serves."

Betty Kariotis
Housekeeper



The Deaconess is its People

There are, of course, various ways in which to measure the growth and evolution of a great institution. In the case of a hospital, it is natural to record its achievements in patient care and medical research, of which the New England Deaconess Hospital has a long, distinguished, and ongoing record.

Another approach is to trace physical growth. The story of the Deaconess begins with only 14 beds in a converted townhouse, where the hospital's one thermometer had to be hoisted up and down the stairwell in a basket. These beginnings seem—and are—light years away from today's magnificent 14-building complex, nearly 500 beds, and wealth of sophisticated technology for research, diagnosis and treatment of disease.

Above all, an institution is measured by the people it attracts to its enterprise: its professional and supporting staff; its governors; its friends, benefactors and volunteers; its students, whether nurses or interns; and resident physicians.

That *"the Deaconess is its people"* has been true since Miss Mary E. Lunn and her courageous sister deaconesses opened their tiny hospital in 1896. Anecdotes affectionately retold illustrate that early ambiance—whether Dr. Maurice H. Richardson, an early attending physician, bringing his Sunday catch of fish to supplement the deaconesses' Spartan diet, or Miss Adeliza Betts, second director of the hospital, giving up her own bed to someone seriously ill.

The Deaconess concept of pastoral care is still carried on in the hospital today, especially through the chaplaincy, with its full-time staff of four Protestant ministers, a Roman Catholic nun and an office coordinator, and with part-time assistance from a Greek Orthodox, an Episcopalian and a Roman Catholic priest, and from a rabbi who has been associated with the Deaconess for 22 years.

A complete catalog of the physicians and biomedical scientists who have made the name of the Deaconess distinguished beyond the city, the region, and even beyond national

boundaries, would occupy many pages. In addition to those whose life work is intimately associated with the Deaconess, there are those thousands of nurses and physicians who received a significant part of their professional education at the hospital, and who have carried its abiding traditions of caring and excellence in patient care to a myriad of institutions around the country and the world.



Meanwhile, it is customary for institutions dependent upon philanthropy to attach names of benefactors to facilities and programs. The Palmer Building at the Deaconess, however, derives from the hospital's early recognition that compassion cannot wait upon scientific progress in the face of human suffering. In 1919, when Mrs. Jennie C. Palmer was losing her personal battle against cancer, and her husband was exhausting their financial resources in her behalf, few hospital beds were available for the terminally ill. Indeed, the Deaconess itself was not then equipped to accommodate Mrs. Palmer, and the hospital's staff felt deeply the need for a facility where terminally ill patients could be treated. The acquisition of a building, then in Roxbury, allowed the Deaconess to create one of Boston's first units for the terminally ill, and to carry forward the name of a gallant woman and her family. Mrs. Palmer died comforted in the knowledge that the need she had symbolized would be met.





"No matter what their jobs, Deaconess people all share a commitment to sincere and loving care for our patients. I think we inspire each other to do that little bit more for someone else. It's wonderful to be part of it!"

Richard L. Barry
Hospital Doorman

Conversely, the name of Mrs. Catherine Delano Grant is today not well-known beyond the Deaconess and those who knew her in her lifetime. In gratitude to Dr. Elliott P. Joslin for having prolonged the life of her son, who had diabetes, Mrs. Grant formed the nucleus of the Friends of the Deaconess organization one-half century ago. That small band of women has since grown into the hospital's two important auxiliaries: the Friends, and the volunteers.



Another facet of the Deaconess really being its people, and of the Deaconess concept of total patient care, is to be found in the 165-member staff of the building services department. In decades past, hospital etiquette everywhere might have required housekeeping personnel to move unobtrusively among patients and their visitors. At the Deaconess, however, building services staff supervisors have noted that patients welcomed courtesies and pleasantries from the housekeeping staff, to the extent that, today, a 20-hour course in patient relations is offered to building service

employees as part of their in-service training. They are viewed as an integral element of the hospital's team effort to provide individualized patient care of the highest calibre. Significantly, some three-quarters of the building services department's current supervisory staff have been promoted from within the ranks.

Continuity in service is much valued at the Deaconess. The extraordinary record of Miss Natalie Tompkins provides an unusual example. When the years of employment of other members of her family are added to Miss Tompkins' half century, the total exceeds 100 years. This year, more than 400 of Miss Tompkins' colleagues from throughout the hospital celebrated terms of service from five to 40 years duration. Mr. James F. Farr, Esq., chairman of the board of trustees from 1978 to 1981, is in his 32nd year as a member of the Deaconess governing boards. And, more than one-quarter of the current nursing staff has graduated from the hospital's own school of nursing.

The statement that *"the Deaconess is its people"* is verified at its main entrance where, for nearly 10 years and in all weathers, Mr. Richard Barry has greeted and assisted patients and visitors alike. Mr. Barry is the last hospital doorman in the Boston area, and the term "doorman" is totally inadequate to describe his own contributions to the Deaconess environment. Perhaps a former patient who came to the hospital for coronary bypass surgery has said it best. Had it not been for Mr. Barry's courteous, cheerful kindness, she asserted that her own apprehension would have prevailed and she would have turned around and gone home!

A Profile of the Deaconess

Annual Statistics (Fiscal Year 1982)

Number of Beds	489
Admissions	12,750
Average Length of Stay (Days)	12.4
Patient Meals	437,035
Surgical Procedures	5,962
X-ray Procedures	62,833
Radiation Therapy Treatments	17,128
Laboratory Tests	1,527,926
Outpatient Visits	50,324

The Deaconess Family

Medical Staff	479
Honorary Staff	28
Basic Research Scientists	15
Residents (medical & surgical)	124
Trustees	24
Corporation Members	171
Employees	3,120
School of Nursing Enrollment	195
Friends of the Deaconess (including 78 life members)	428

Finances (Fiscal Year 1982)

Total Operating Revenue	\$95,149,763
Total Expenses	\$95,800,999
Loss from Operations	\$ 651,236
Nonoperating Revenue	\$ 2,428,597
Net Income	\$ 1,777,361

Facilities

Diabetes Treatment Unit
 Observation Unit (emergency by car or
 private ambulance only)
 Ambulatory Care Unit (surgical and
 diagnostic day care)
 Cancer Research Institute
 Shields Warren Radiation Laboratory
 Meissner Laboratory
 Lowry Medical Office Building
 School of Nursing (3-year, diploma school)





Patient days and occupancy in 1982 were up significantly over last year, as activity at the hospital built back to near the levels prior to Lahey Clinic Medical Center's opening of a new hospital in Burlington.

Usage in the laboratory and radiology departments also was up significantly. Both revenues and expenses increased due to higher utilization. Operating expenses exceeded operating revenues by \$651,000, due largely to higher-than-anticipated utilization of health benefits on the part of our employees and to management decisions to accelerate the funding of our pension plan and the development program for the department of medicine.

The excess of revenues over expenses was \$1.8 million, emphasizing the importance of nonoperating revenue.

Operating highlights are summarized in the following table:

	1982	1981
Occupancy	89.0%	85.4%
Patient Days	158,322	152,032
Average Daily Census	435.0	417.7
Average Stay (days)	12.4	12.0
Surgical Procedures	5,962	6,005
Radiology Procedures	62,833	56,712
Radiation Treatments	17,128	16,172
Laboratory Units	32,756,810	28,122,761

The recent enactment of Chapter 372, a new prospective payment system for Massachusetts hospitals, has made it clear the next three years will prove to be most challenging for the Deaconess. 1982 fiscal year was the last one under the old combination of a prospective and retrospective system, and we now are moving into a new era in which payments from all health care payors will be even more restricted. In order to meet this challenge, we must evaluate our historic operating trends and balance them against incentives inherent in the new payment system. This new framework and balance then will have to be linked to our fiscal operating goals and the need to provide sufficient, working capital and funds for future plant and equipment needs.

James F. Morgan
Treasurer



New England Deaconess Hospital

Financial Statements for the Fiscal Years Ended September 26, 1982 and September 27, 1981 and Auditors' Opinion

Balance Sheets

September 26, 1982 and
September 27, 1981

Assets

Unrestricted Funds		1982	1981
Current Assets:	Cash and invested cash equivalents	\$ 119,032	\$ 128,096
	Current portion of designated assets (Notes 1, 2):		
	Trustee designated for plant replacement and expansion	1,056,904	1,028,000
	Assets held in trust under long-term debt agreements (Note 4)	475,000	475,000
	Accounts receivable — less allowance of \$1,983,000 in 1982 and \$1,916,000 in 1981 for uncollectible accounts	13,980,480	13,251,662
	Inventories of supplies — at cost	1,087,910	1,134,311
	Prepaid expenses, etc.	619,872	588,042
	Total current assets	17,339,198	16,605,111
Designated Assets (Notes 1, 2):	Trustee designated for plant replacement and expansion	5,785,724	7,057,863
	Assets held in trust under long-term debt agreements (Note 4)	1,993,411	1,853,667
	Total designated assets	7,779,135	8,911,530
Total Current and Designated Assets		25,118,333	25,516,641
Property, Plant and Equipment —	Net (Notes 3, 4)	38,684,350	36,980,349
	Total	\$63,802,683	\$62,496,990
Restricted Funds			
Special Purpose Funds:	Cash and invested cash equivalents	\$ 637,459	\$ 488,638
	Investments (market value: 1982, \$741,000; 1981, \$480,000) (Note 1)	770,050	532,097
	Grants receivable	784,247	1,401,837
	Total Special Purpose Funds	\$ 2,191,756	\$ 2,422,572
Endowment Funds:	Investments (market value: 1982, \$5,392,000; 1981, \$4,788,000) (Note 1)	\$ 5,228,373	\$ 4,939,824
	Real estate, equipment, and furnishings at cost, less accumulated straight-line depreciation: 1982, \$2,325,298; 1981, \$2,085,753 (Note 5)	4,521,262	4,500,225
	Total Endowment Funds	\$ 9,749,635	\$ 9,440,049
Plant Replacement and Expansion Funds:	Cash and invested cash equivalents	\$ 20,006	\$ 106,920
	Building fund pledges receivable	66,148	96,320
	Total Plant Replacement and Expansion Funds	\$ 86,154	\$ 203,240

See notes to financial statements.

Balance Sheets

September 26, 1982 and
September 27, 1981

Liabilities and Fund Balances

Unrestricted Funds		1982	1981
Current Liabilities:	Accounts payable and accrued liabilities	\$10,295,208	\$10,013,301
	Accrual for settlements with third-party payors (Note 1)	1,785,119	2,516,001
	Current portion of long-term debt (Note 4)	773,972	749,347
	Deferred nursing school tuition	685,515	598,446
	Advances from third-party payors	512,615	464,392
	Total current liabilities	14,052,429	14,341,487
Deferred Revenue	Third-party reimbursement (Note 3)	872,212	919,600
		11,898,217	12,851,557
	Long-Term Debt (Note 4)	36,979,825	34,384,346
Fund Balances			
Total		\$63,802,683	\$62,496,990
Restricted Funds			
Special Purpose Funds:	Fund balances	\$ 2,191,756	\$ 2,422,572
	Total Special Purpose Funds	\$ 2,191,756	\$ 2,422,572
Endowment Funds:	Accounts payable	\$ 321,936	\$ 142,661
	Mortgage note payable (Note 5)	1,446,350	1,582,513
	Fund balances	7,981,349	7,714,875
	Total Endowment Funds	\$ 9,749,635	\$ 9,440,049
Plant Replacement and Expansion Funds:	Fund balances	\$ 86,154	\$ 203,240
	Total Plant Replacement and Expansion Funds	\$ 86,154	\$ 203,240

See notes to financial statements.

Statements of Revenues and Expenses

For the Fiscal Years Ended
September 26, 1982 and
September 27, 1981

		1982	1981
Patient Service Revenue		\$104,593,734	\$ 93,434,770
Less —	Free care, provision for uncollectible accounts, contractual adjustments, etc. (Note 1)	(15,287,472)	(15,055,425)
Net Patient Service Revenue		89,306,262	78,379,345
Other Operating Revenue	(including \$1,444,004 in 1982 and \$1,550,644 in 1981 transferred from special purpose funds) (Note 1)	5,843,501	4,780,517
	Total operating revenue	95,149,763	83,159,862
Operating Expenses:	Professional care of patients:		
	General	18,938,166	16,041,571
	Special	36,597,167	31,461,389
	Household and property	8,301,537	7,682,449
	Dietary	4,826,427	4,335,209
	General services and administration	12,661,615	10,636,716
	Employee benefits	9,400,375	7,979,524
	Depreciation (Note 3)	2,949,285	2,625,273
	Research	1,307,836	1,290,285
	Interest	818,591	894,010
	Total operating expenses	95,800,999	82,946,426
Income (Loss) from Operations		(651,236)	213,436
Nonoperating Revenue:	Net income from unrestricted investments	1,484,288	1,295,263
	Net income from endowment funds	595,858	374,407
	Unrestricted donations and gifts	296,468	277,433
	Other	51,983	105,775
	Total nonoperating revenue	2,428,597	2,052,878
Excess of Revenues Over Expenses		\$ 1,777,361	\$ 2,266,314

See notes to financial statements.

Statements of Changes in Fund Balances

For the Fiscal Years Ended
September 26, 1982 and
September 27, 1981

		Unrestricted Funds	Restricted Funds		
			Special Purpose Funds	Endowment Funds	Plant Replacement and Expansion Funds
Balance, September 28, 1980		\$31,614,666	\$ 2,020,081	\$7,239,093	\$ 151,081
Increases (Decreases):	Legacies, gifts, etc.	94,255	682,393	181,000	
	Building fund receipts				239,690
	Grants for specified purposes		1,411,691		
	Investment income		52,251		
	Net gain on sales of investment securities		8,380	314,782	
	Excess of revenues over expenses for the year	2,266,314			
	Transfer to other operating revenue		(1,550,644)		
	Total	33,975,235	2,624,152	7,734,875	390,771
Interfund Transfers:	Investment in buildings and equipment	434,111	(221,580)		(212,531)
	Other	(25,000)	20,000	(20,000)	25,000
Balance, September 27, 1981		34,384,346	2,422,572	7,714,875	203,240
Increases (Decreases):	Legacies, gifts, etc.	141,381	729,483	4,376	
	Building fund receipts				287,302
	Grants for specified purposes		657,584		
	Investment income		72,448		9,097
	Net gain on sales of investment securities		16,925	262,098	
	Excess of revenues over expenses for the year	1,777,361			
	Transfer to other operating revenue		(1,444,004)		
	Total	36,303,088	2,455,008	7,981,349	499,639
Interfund Transfers:	Investment in buildings and equipment	548,855	(135,370)		(413,485)
	Other	127,882	(127,882)		
Balance, September 26, 1982		\$36,979,825	\$ 2,191,756	\$7,981,349	\$ 86,154

See notes to financial statements.

Statements of Changes in Financial Position of Unrestricted Funds

For the Fiscal Years Ended
September 26, 1982 and
September 27, 1981

		1982	1981
Funds Provided:	Operations:		
	Income (loss) from operations	\$ (651,236)	\$ 213,436
	Add (deduct) items not requiring current use of funds:		
	Depreciation	2,949,285	2,625,273
	Amortization of bond discount	10,632	11,068
	Reduction in deferred revenue	(47,388)	(33,000)
	Funds provided from operations	2,261,293	2,816,777
	Nonoperating revenue — net	2,428,597	2,052,878
	Total funds provided from operations and nonoperating revenue	4,689,890	4,869,655
	Unrestricted legacies	141,381	94,255
	Transfers from restricted funds	676,737	409,111
	Utilization of noncurrent assets held in trust for redemption of bonds	123,857	201,811
	Decrease (increase) in trustee designated noncurrent assets	1,272,139	(1,919,833)
	Total funds provided	6,904,004	3,654,999
Funds Applied:	Reduction of long-term debt	963,972	974,348
	Net funding of noncurrent assets held in trust	263,601	48,888
	Additions to property, plant, and equipment	4,653,286	3,534,420
	Total funds applied	5,880,859	4,557,656
Increase (Decrease) in Working Capital		\$1,023,145	\$ (902,657)
Summary of Changes in the Components of Working Capital:	Increase (decrease) in current assets:		
	Cash and invested cash equivalents	\$ (9,064)	\$(1,032,237)
	Current portion of designated assets	28,904	303,000
	Accounts receivable — net	728,818	1,708,125
	Inventories of supplies	(46,401)	31,904
	Prepaid expenses, etc.	31,830	14,906
	Total	734,087	1,025,698
	Decrease (increase) in current liabilities:		
	Accounts payable and accrued liabilities	(281,907)	(2,847,075)
	Accrual for settlements with third-party payors	730,882	1,058,901
	Current portion of long-term debt	(24,625)	(22,594)
	Deferred nursing school tuition	(87,069)	(78,286)
	Advances from third-party payors	(48,223)	(39,301)
	Total	289,058	(1,928,355)
Increase (Decrease) in Working Capital		\$1,023,145	\$ (902,657)

See notes to financial statements.

Notes to Financial Statements

1. Accounting Policies

General

The accompanying balance sheets of the Hospital are presented in two basic fund accountabilities of unrestricted and restricted funds. Assets restricted by donors and by grants for identified purposes are included in restricted funds and are distinguished from assets allocated for specific purposes by action of the Board of Trustees and assets which are legally limited as to use by the Hospital's long-term debt agreements. Such assets are presented as designated assets of the unrestricted fund.

Gifts and grants restricted by outside sources are added to the appropriate restricted funds. The Hospital records certain research grants when the grant award is approved. The grants receivable are then reduced as funds are received from the grantor. Restricted special purpose funds, when expended for current operating purposes, are transferred to unrestricted funds and are reported as other operating revenue.

The Hospital's fiscal year ends on the Sunday nearest September 30. The 1982 and 1981 fiscal years each consisted of 52 weeks.

Investments

Investments are stated at cost or, if received by gift or bequest, at fair market value when received. Realized gains and losses on sales of investments are determined by use of the specific cost method.

Estimated Settlement with Third-Party Payors

Preliminary calculations of final cost reimbursement adjustments relative to third-party contracts with Blue Cross and Medicare are reported in the accompanying balance sheets as a current liability. Cost reports to be filed for the current year, as well as Blue Cross cost reports filed for 1976 through 1981 and Medicare cost reports for 1980 and 1981, are subject to final determination by the reimbursement agency under each program. Variances between preliminary calculations, preliminary settlements, and final settlements are included in the statements of revenues and expenses in the year in which the settlements occur.

Reclassifications

Certain 1981 amounts have been reclassified to conform to the 1982 presentation.

2. Designated Assets

Designated assets at year end consisted of the following:

	1982	1981
Current portion:		
Cash and invested cash equivalents.....	\$1,090,971	\$1,062,867
Investments (market value: 1982, \$432,100; 1981, \$422,755).....	440,933	440,133
Total current portion.....	\$1,531,904	\$1,503,000
Noncurrent portion:		
Cash and invested cash equivalents.....	\$1,056,293	\$4,305,803
Investments (market value: 1982, \$6,722,100; 1981, \$4,317,200).....	6,722,842	4,605,727
Total noncurrent portion.....	\$7,779,135	\$8,911,530

3. Property, Plant, and Equipment

Property, plant, and equipment of unrestricted funds are stated at cost less accumulated depreciation and at year end are summarized as follows:

	1982	1981
Land.....	\$ 784,688	\$ 640,846
Buildings.....	21,417,513	21,833,786
Fixed equipment.....	23,050,004	23,430,241
Major movable equipment....	15,660,360	13,948,300
Construction in progress.....	6,270	652,512
Total.....	60,918,835	60,505,685
Less accumulated depreciation.....	22,234,485	23,525,336
Property, plant, and equipment — net.....	\$38,684,350	\$36,980,349

Depreciation is computed using the straight-line method over the estimated useful lives of depreciable assets. As to certain depreciable assets acquired before 1971, the Hospital uses accelerated depreciation methods to determine reimbursable costs under a third-party reimbursement agreement. Reimbursement attributable to the excess of accelerated over straight-line depreciation has been deferred and will be added to income when the depreciation timing differences reverse.

4. Long-Term Debt

Long-term debt at year end consisted of the following:

	1982	1981
New England Deaconess Hospital Issue, Series A.....	\$10,945,000	\$11,610,000
Less unamortized discount.....	153,718	164,350
Net.....	10,791,282	11,445,650
New England Deaconess Hospital Issue, Series B.....	1,880,907	2,155,254
Total.....	12,672,189	13,600,904
Less current portion.....	773,972	749,347
Long-term debt.....	\$11,898,217	\$12,851,557

New England Deaconess Hospital Issue, Series A

In 1973, the Massachusetts Health and Educational Facilities Authority (the Authority) sold \$14,900,000 principal amount of revenue bonds, designated New England Deaconess Hospital Issue, Series A, and loaned the proceeds therefrom to the Hospital. With certain exceptions, principally the Medical Office Building and Kennedy Hall, all of the Hospital's land and buildings (including contents) are pledged as collateral in connection with the mortgage conveyed by the Hospital to the Authority. The Hospital has also granted to the Authority a first lien on certain defined gross receipts (including related accounts receivable) as additional collateral for payment of the mortgage.

The mortgage agreement provides for monthly payments, to funds held in trust, in amounts proportionate to the Authority's annual principal payments on sinking fund installments through 2005 and semiannual interest payments at rates varying from 4.9% to 5.7% over the lives of the bonds. Debt service on the bonds is paid from the funds held in trust.

New England Deaconess Hospital Issue, Series B

In 1980, the Authority sold \$1,800,000 principal amount of revenue bonds designated New England Deaconess Hospital Issue, Series B, and loaned the proceeds therefrom to the Hospital. Principal and interest at an annual rate of 8¼% are payable monthly through April 1, 1990. The financing is collateralized by a mortgage on the Hospital's 1979 parking garage addition.

The Authority also loaned the Hospital the proceeds from the sale of an additional Series B bond in the amount of \$725,000 which is payable in monthly installments through April 1, 1985 and bears interest at an annual rate of 9%. The proceeds were used to purchase certain equipment which is pledged as collateral.

Principal Payment and Sinking Fund Requirements

Annual principal payments and sinking fund requirements on long-term debt at September 26, 1982 are summarized as follows:

	Series A	Series B	Total
1983	\$ 475,000	\$ 298,972	\$ 773,972
1984	475,000	325,813	800,813
1985	470,000	263,042	733,042
1986	500,000	190,083	690,083
1987	480,000	206,372	686,372
Later years.....	8,545,000	596,625	9,141,625
	\$10,945,000	\$1,880,907	\$12,825,907

5. Endowment Funds Mortgage Note Payable

The endowment funds mortgage note bears interest at 5¼% and is payable in monthly installments through January 1991, including, at September 26, 1982, \$143,000 due within one year. The Medical Office Building is assigned as collateral under the terms of this mortgage.

6. Employees' Retirement Plan

The Hospital has a noncontributory defined benefit retirement plan covering all employees working 1,000 hours or more each year. Total pension expense aggregated \$2,900,000 in 1982 and \$2,800,000 in 1981, including amortization of the unfunded actuarially computed past service liability over a ten-year period. The Hospital makes annual contributions to the pension plan equal to the amounts accrued for pension expense.

A comparison of accumulated plan benefits and net assets available for benefits as of the most recent actuarial valuation dates is as follows:

	October 1	
	1981	1980
Actuarial present value of accumulated plan benefits:		
Vested	\$12,824,000	\$12,868,000
Nonvested	2,841,000	2,300,000
Total	\$15,665,000	\$15,168,000
Net assets available for benefits	\$14,555,000	\$12,835,000

The weighted average assumed rate of return used in determining the actuarial present value of accumulated plan benefits was 6½% for 1980 and 7½% for 1981.

7. Malpractice and Comprehensive Liability Insurance

The Hospital has secured malpractice and comprehensive liability coverage from Controlled Risk Insurance Company, Ltd. ("CRICO"). CRICO is a captive insurance company owned jointly by the Hospital and several other Boston area health care institutions. The Hospital accounts for its 3% investment in CRICO at cost.

Effective April 1, 1976, in conjunction with the formation of CRICO, the Hospital changed its malpractice and comprehensive liability insurance coverage from an occurrence basis policy to a claims-made policy. The claims-made policy, which is subject to renewal and retrospective premium adjustment on an annual basis, covers only claims actually made during the term of the policy, but not those occurrences for which claims may be made after expiration of the policy. Because of its limited claims experience, management of CRICO cannot make an estimate of potential retrospective adjustments, if any, at September 26, 1982.

8. Lease Information

The Hospital leases certain office space and equipment under operating leases, many of which contain renewal options. Total rental expense under such leases amounted to approximately \$1,670,000 and \$1,274,000 for 1982 and 1981, respectively.

Lease commitments under noncancellable operating leases are as follows: 1983-1987, \$110,000 per year; 1988-1992, \$462,900.

New England Deaconess Hospital:

We have examined the balance sheets of New England Deaconess Hospital as of September 26, 1982 and September 27, 1981 and the related statements of revenues and expenses, changes in fund balances, and changes in financial position of unrestricted funds for the fiscal years then ended. Our examinations were made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, such financial statements present fairly the financial position of the Hospital at September 26, 1982 and September 27, 1981 and the results of its operations, changes in its fund balances, and changes in the financial position of its unrestricted funds for the years then ended, in conformity with generally accepted accounting principles applied on a consistent basis.

Deloitte Haskins & Sells
Boston, Massachusetts

December 1, 1982

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(As of 1982, prior to January 18, 1983 Annual Meeting)

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Charles L. Smith Jr.
Vice Chairman

Laurens MacLure
President

James F. Morgan
Treasurer

Foster L. Aborn
Assistant Treasurer

George M. Hughes Esq.
Clerk of the Corporation

Board of Trustees

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Medical Administrative Board

Mrs. Mary Eliza McDaniel
President of the Friends of
the Deaconess

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Chairman, Department of
Diagnostic Radiology

Samuel Hellman, M.D.
Chairman, Department of
Radiation Therapy

Merle A. Legg, M.D.
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